

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐Check if different
than previously
reported. (ACC)

San Francisco

CA

94109

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2005

through

03

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Benjamin Bank

Signature of Treasurer

Electronically Filed by Benjamin Bank

Date

03

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		313215.30
(b) Cash on Hand at Beginning of Reporting Period	278031.93	
(c) Total Receipts (from Line 19)	16751.92	64336.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	294783.85	377551.44
7. Total Disbursements (from Line 31)	54359.26	137126.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240424.59	240424.59
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	15916.25	54556.25
(i) Itemized (use Schedule A)		
(ii) Unitemized	778.75	9264.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16695.00	63821.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	16695.00	63821.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	56.92	515.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16751.92	64336.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16751.92	64336.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		359.26	2126.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		359.26	2126.85
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		54000.00	135000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		54359.26	137126.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		54359.26	137126.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	16695.00	63821.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16695.00	63821.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	359.26	2126.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	359.26	2126.85

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Steven Awner Mailing Address 193 Viscount Drive City Williamsville State NY Zip Code 14221-1771 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 2 / 2 0 0 5 Transaction ID: 5ATN6Y44AN27 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Michael Belin Mailing Address 156 Thornberry Lane City Rensselaer State NY Zip Code 12144-8448 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 5 Transaction ID: 72NKQ0015386 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Michael Bloome Mailing Address Houston Eye Associates 2855 Gramercy Street City Houston State TX Zip Code 77025-1635 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 5 Transaction ID: 55446-95187014341355 Amount of Each Receipt this Period 125.00 PAC

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 25

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Steven Bodine		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 1 / 2 0 0 5	
Mailing Address Retina Consultations 915 Palmer Road		Transaction ID: 55446-04085940122604	
City Bronxville	State NY	Zip Code 10708-3304	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Donald Cinotti		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 5	
Mailing Address 600 Pavonia Avenue Sixth Floor		Transaction ID: 776XVT917363	
City Jersey City	State NJ	Zip Code 07306-2929	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Gary Cowan		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 6 / 2 0 0 5	
Mailing Address Suite 3200 1350 S Main Street		Transaction ID: 55446-09307497739791	
City Fort Worth	State TX	Zip Code 76104-7611	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		PAC	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Erich Bryan Groos		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 5	
Mailing Address Cornea Consultants of Nashville 2011 Murphy Avenue Suite 602		Transaction ID: 72NKQ0716833	
City Nashville	State TN	Amount of Each Receipt this Period 1000.00	
Zip Code 37203-2023		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Allan Jensen		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 5	
Mailing Address Suite 426 200 E 33rd Street		Transaction ID: 776XVT628060	
City Baltimore	State MD	Amount of Each Receipt this Period 500.00	
Zip Code 21218-3322		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mark Johnson		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 5	
Mailing Address 1824 Island Way		Transaction ID: 55446-67727297544480	
City Osprey	State FL	Amount of Each Receipt this Period 125.00	
Zip Code 34229-9321		PAC	
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Randolph Johnston		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 5	
Mailing Address Cheyenne Eye Clinic 1300 E 20th Street		Transaction ID: 72NE2Z231672	
City Cheyenne State WY Zip Code 82001-4021		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Gregory Kwasny		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 5	
Mailing Address Suite 1030 2300 N Mayfair Road		Transaction ID: 72NKPC366034	
City Milwaukee State WI Zip Code 53226-1505		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	
C. Full Name (Last, First, Middle Initial) Stephen Lane		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 1 / 2 0 0 5	
Mailing Address 280 N Smith Avenue Suite 840		Transaction ID: 5572T7YFGN273	
City St. Paul State MN Zip Code 55102-2424		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBU- TION	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Elbert Magoon		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address 800 McKinley Avenue Northwest		Transaction ID: 776XVT644532
City State Zip Code Canton OH 44703-2463	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Timothy Malone		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address 731-F Walker Road		Transaction ID: 72NKPC228925
City State Zip Code Great Falls VA 22066-2834	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Richard Mills		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address Suite 1124 1221 Madison Street		Transaction ID: 72NKPC327225
City State Zip Code Seattle WA 98104-3588	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) David Pao		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 5
Mailing Address Suite 201 1018 Street Road		Transaction ID: 72NIBL153624
City Southampton	State PA	Zip Code 18966-4221
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) David Parke		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 6 / 2 0 0 5
Mailing Address Dean A McGee Eye Inst 608 Stanton L Young Boulevard		Transaction ID: 72NKQ0021679
City Oklahoma City	State OK	Zip Code 73104-5014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) William Penland		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 1 / 2 0 0 5
Mailing Address the Eye Group of Southern Indiana 1020 West Buena Vista Road		Transaction ID: 5H3OOH41Y6778
City Evansville	State IN	Zip Code 47710-5150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Rich

Mailing Address Suite 608

6231 Leesburg Pike

City

Falls Church

State

VA

Zip Code

22044-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 0 5

Transaction ID: 72NHD6671788

Amount of Each Receipt this Period

2500.00

Batch Tool - PAC

Full Name (Last, First, Middle Initial)

B. Joern Soltau

Mailing Address Key Lions Eye Center

301 E Muhammad Ali

City

Louisville

State

KY

Zip Code

40202-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 0 5

Transaction ID: 55446-77341860532761

Amount of Each Receipt this Period

91.25

PAC

Full Name (Last, First, Middle Initial)

C. John Stechschulte

Mailing Address Suite 320

262 Neil Avenue

City

Columbus

State

OH

Zip Code

43215-7309

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 5

Transaction ID: 5FWU6EWFU6779

Amount of Each Receipt this Period

365.00

PACWEB GENERATED CONTRIBU-
TION

SUBTOTAL of Receipts This Page (optional)

2956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Trexler Topping

Mailing Address Suite 600
50 Staniford Street

City State Zip Code
Boston MA 02114-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 0 5

Transaction ID: 5FWV35JHU6777

Amount of Each Receipt this Period

1000.00

PACWEB GENERATED CONTRIBU-
TION

Full Name (Last, First, Middle Initial)

B. Scott Uttley

Mailing Address 1339 Spencer Rd. W

City State Zip Code
Saint Paul MN 55108-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Eye Clinic

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 5

Transaction ID: 5H3PEUN2Y6772

Amount of Each Receipt this Period

500.00

PACWEB GENERATED CONTRIBU-
TION

Full Name (Last, First, Middle Initial)

C. James Vander

Mailing Address 910 East Willow Grove Avenue

City State Zip Code
Wyndmoor PA 19038-7910

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 5

Transaction ID: 72NBYL862655

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Ruth Williams		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 2 / 2 0 0 5
Mailing Address Wheaton Eye Clinic 2015 North Main Street		Transaction ID: G3L295499161
City Wheaton	State IL	Zip Code 60187-3152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Charles Zacks		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 7 / 2 0 0 5
Mailing Address Maine Eye Center 15 Lowell Street		Transaction ID: 5EPU8V1WS677R
City Portland	State ME	Zip Code 04102-2748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial) Harry Zink		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 5
Mailing Address 3519 Friendsville Road		Transaction ID: 72NHD6729111
City Wooster	State OH	Zip Code 44691-1241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Aras Zlioba		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 5	
Mailing Address Assoc Ophthal 219 N Hammes		Transaction ID: 776XVT772557	
City Joliet	State IL	Zip Code 60435-8114	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

15916.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City
San Francisco

State
CA

Zip Code
94104

Purpose of Disbursement
Bank charges 3/05

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 1425060504193415881

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	5

Amount of Each Disbursement this Period

359.26

SUBTOTAL of Disbursements This Page (optional)

359.26

TOTAL This Period (last page this line number only)

359.26

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address PO Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
2006 Primary

Candidate Name
Cantor Eric

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: 9091490503165579429

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr Md for Congress Inc

Mailing Address Post Office Box 80126

City
Lafayette

State
LA

Zip Code
70598

Purpose of Disbursement
2006 Primary

Candidate Name
Boustany Charles

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 7610840503103114198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Vito Fossella

Mailing Address PO Box 131403
PO Box 060248

City
Staten Island

State
NY

Zip Code
10313

Purpose of Disbursement
2006 Primary

Candidate Name
Fossella Vito

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 1547930503015494932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Committee To Re-Elect Vito Fossella

Mailing Address PO Box 131403
PO Box 060248

City Staten Island State NY Zip Code 10313

Purpose of Disbursement
2006 Primary

Candidate Name
Fossella Vito

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 9795430503254999593

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address 162 Hurt Street Northeast

City Atlanta State GA Zip Code 30307

Purpose of Disbursement
2006 Primary

Candidate Name
Scott David

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 4037070503165561114

Date of Disbursement

03 / 17 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street Southeast
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
2005 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 8473520503165589140

Date of Disbursement

03 / 17 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement
2005 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 0256350503103133114

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ensign for Senate

Mailing Address PO Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
2006 Primary

Candidate Name
Ensign John

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 00

Transaction ID: 8627520503293247557

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Dave Weldon

Mailing Address PO Box 968

City Melbourne State FL Zip Code 32902

Purpose of Disbursement
2006 Primary

Candidate Name
Weldon Dave

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 2455670503015479135

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Mike Ferguson

Mailing Address C/O Ron Gravino PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2006 Primary

Candidate Name
Ferguson Mike

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: 5430500503254989593

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 50100

City Springfield State MO Zip Code 65805

Purpose of Disbursement
2006 Primary

Candidate Name
Blunt Roy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Transaction ID: 5765290503254224171

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hawkeye Pac, the

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
2005 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 4049030503023197476

Date of Disbursement

03 / 02 / 2005

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hudson Valley Victory Fund

Mailing Address PO Box 464
C/O Megan Davis

City Katonah State NY Zip Code 10536

Purpose of Disbursement
2005 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 1936950503103122190

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. John D. Dingell for Congress Committee

Mailing Address 607 14th Street Northwest
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2006 Primary

Candidate Name
Dingell John

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: 3619440503165569648

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Johnson for Congress Committee

Mailing Address PO Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement
2006 Primary

Candidate Name
Johnson Nancy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: 4479470503015470457

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nathan Deal for Congress

Mailing Address PO Box 902

City
Gainesville

State
GA

Zip Code
30503

Purpose of Disbursement
2006 Primary

Candidate Name
Deal Nathan

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 1949250503015487112

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
2006 Primary

Candidate Name
Pallone Frank

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: 6894990503254230589

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City
Fremont

State
CA

Zip Code
94537

Purpose of Disbursement
2006 Primary

Candidate Name
Stark Pete

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: 8359270503165546781

Date of Disbursement

03 / 17 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Price for Congress

Mailing Address PO Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
2006 Primary

Candidate Name
Price Thomas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: 3915760503254200282

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rick Renzi for Congress

Mailing Address PO Box 2383

City
Prescott

State
AZ

Zip Code
86302

Purpose of Disbursement
2006 Primary

Candidate Name
Renzi Richard

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: 5317730503254191190

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Santorum 2006

Mailing Address One Tower Bridge Suite 1440

City
West Conshohocken

State
PA

Zip Code
19428

Purpose of Disbursement
2006 Primary

Candidate Name
Santorum Rick

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: 6734830503255010675

Date of Disbursement

03 / 25 / 2005

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Simpson for Congress

Mailing Address 1487 Parkway Drive

City Blackfoot State ID Zip Code 83221

Purpose of Disbursement
2006 Primary

Candidate Name
Simpson Michael

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Transaction ID: 5779470503103104639

Date of Disbursement

03 / 10 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Talent for Senate Committee

Mailing Address 147 N Meramec Suite 100

City St. Louis State MO Zip Code 63105

Purpose of Disbursement
2006 Primary

Candidate Name
Talent James

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 00

Transaction ID: 5603440503015460518

Date of Disbursement

03 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

54000.00

Form/Schedule:**F3XA**

Transaction ID:

This amended report includes previously missing Employer and Occupation information required for Itemized Receipts.